



Town of Uxbridge, Inspector of Buildings
21 South Main St.
Uxbridge, MA 01569
Phone # (508) 278-8603 Fax # (508) 278-0709

I, _____, hereby supply the following releases as part of the application for a permit to demolish the structure located at _____, And shown on the Assessor's Maps of _____ as being on Map # _____ Block # _____ Lot # _____.

Utility to be Notified	Notice Received By	Date Received
Gas		
Telephone		
Electric		
Public Utilities (Municipal)		
Health Department		
Fire Department		
Department of Labor & Industries (Asbestos & Lead)		
Other		

Demolition debris hauler: _____

Location of Licensed

Demolition Debris Landfill: _____

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

* This sheet must be returned **COMPLETED**, to the Inspection Department along with completed application for a permit, a site plan, and any other applicable information and fees.